

# TOWN OF AVON - Building Department

60 West Main Street Avon Connecticut 06001-3743

Tel: 860.409.4316 Fax: 860.409.4321 Email: [BuildingDept@avonct.gov](mailto:BuildingDept@avonct.gov)

All work done under this permit  
must comply with the  
2005 Connecticut State Building Code  
effective  
December 31, 2005 As Amended

## APPLICATION FOR BUILDING PERMIT ONE OR TWO FAMILY DWELLING

Information MUST be provided in shaded areas

PERMIT NO. \_\_\_\_\_

Application and Fee  
Received By \_\_\_\_\_

LOCATION OF JOB (NO & STREET)		GIS No.	Zone	Const Type <b>VB</b>	Use Group <b>IRC</b>	Occupancy <b>Residential</b>	CBYD
<b>TITLE</b>		<b>ADDRESS (No., Street, Town, State, Zip)</b>			<b>TEL.</b>	<b>FAX</b>	<b>CELL PHONE</b>
PROPERTY OWNER							
APPLICANT							
BUILDER	REGISTRATION #						
ARCHITECT/HOME DESIGNER	LICENSE #						
ENGINEER	LICENSE #						
CONTACT PERSON							

<b>PERMIT - CHAPT 1</b> <input type="checkbox"/> Foundation <input type="checkbox"/> Residence <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other _____	<b>PROJECT TYPE - CHAPT 1</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Change of Occupancy Other _____ # Dwelling Units _____	<b>STORY</b> Bsmt. _____ 1st _____ 2nd _____ 3rd _____ Total _____ Building Height _____ ft	<b>CHAPTER 2</b> Gross sq. ft. _____  <b>INSURANCE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">C.I.</td> <td style="width: 50%;">H.O.</td> </tr> <tr> <td>G.C.</td> <td>S.P.</td> </tr> </table>	C.I.	H.O.	G.C.	S.P.	<b>PERMIT FEE CALCULATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Phase</th> <th>Est. Value</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Const</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Elec.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mech.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plbg.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Spnklr.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Total</b></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Phase	Est. Value	Fee	Const	_____	_____	Elec.	_____	_____	Mech.	_____	_____	Plbg.	_____	_____	Spnklr.	_____	_____	Other	_____	_____	<b>Total</b>	_____	_____
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<b>FRAMING JOIST CHAPTER 5 + 8</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Size</th> <th>Center</th> <th>Span</th> <th>Live Load</th> <th>Species</th> <th>Grade</th> <th>Sheathing</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2nd</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3rd</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rafter</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Type	Size	Center	Span	Live Load	Species	Grade	Sheathing	1st	_____	_____	_____	_____	_____	_____	_____	2nd	_____	_____	_____	_____	_____	_____	_____	3rd	_____	_____	_____	_____	_____	_____	_____	Rafter	_____	_____	_____	_____	_____	_____	_____	<b>LOAD BEARING STUD CHAPTER 6</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Grade</th> <th>Size</th> <th>Center</th> <th>Height</th> <th>Sheathing</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Grade	Size	Center	Height	Sheathing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>CHAPTER 4</b> <b>FOOTING</b> Material _____ Size _____ Depth Below Grade _____	<b>PIER</b> Material _____ Height of Unbalanced Fill _____ Thickness _____	<b>FOUNDATION CHAPTER 4</b> Material _____ Height of Unbalanced Fill _____ Thickness _____	Private Public Water <input type="checkbox"/> <input type="checkbox"/> Sewerage <input type="checkbox"/> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Y <input type="checkbox"/> N	<b>DESCRIPTION OF WORK / REMARKS</b> _____ _____ _____
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All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall become invalid if work does not commence within 180 days after issuance.

Property Owner Signature _____	Date _____	Agent Signature _____	Date _____	B. O. Witness _____	Date _____
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PRE-APPROVAL BY OTHER AGENCIES				APPROVAL CONSTITUTES ISSUANCE OF THIS ONE OR TWO FAMILY DWELLING PERMIT			
SIGN	DATE	SIGN	DATE	Plan Reviewed By _____ Date _____ <input type="checkbox"/> Approved as noted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  Building Official _____ Date _____			
Zoning	_____	Water	_____				
Wetland	_____	Sewerage	_____				
Town Eng.	_____	Other	_____				